DOCUMENT RESUME

ED 301 631 UD 026 564

AUTHOR Holzman, Lois; Rivera, Mary
TITLE STOP Abusive Behavior Syndrome: Developing a Community Response.
PUB DATE Aug 88
NOTE 10p.; Paper presented at the American Psychological Association Convention (Atlanta, GA, August 12-16, 1988). For related document, see UD 026 563.
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (120) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Abuse; Community Programs; Drug Abuse; *Interpersonal Relationship; Program Descriptions; Self Actualization; *Self Destructive Behavior; *Social Change; Social Influences; *Socialization; Social Psychology; Social Theories; Urban Programs; Urban Schools; *Violence
IDENTIFIERS *Empowerment; New York (New York)

ABSTRACT

This paper discusses the social-therapeutic approach to preventing abusive behavior, and describes the implementation of specific STOP Abusive Behavior Syndrome (ABS) projects in New York City, New York. The projects' goal is to empower people to continually develop throughout their lifespans. Basic tenants include the following: (1) emotions are a social practice; (2) individuals can produce, organize, and reorganize social practice; (3) individuals can produce social change by breaking out of social roles and breaking social rules; and (4) conflict is a key tool for development. Based on the work of psychiatrists Frantz Fanon and Wilhelm Reich, STOP ABS believes that people are abusive because of deep and hidden shame and humiliation caused by the pressure of brutal life conditions, and because violence is practiced and condoned on a national and international level by those in power. The first STOP ABS campaign began in the Bronx (New York) in 1987. Activities included the following: (1) grassroots publicity and a door-to-door survey of attitudes towards abuse; (2) individual, family, and small group free screenings to begin the process of dealing with abusive behavior; and (3) large group, monthly seminars to teach how to respond to stress and crisis in a non-abusive manner. The second STOP ABS project is underway at the Barbara Taylor School, an independent multiracial day care and elementary school in Harlem (New York). Its goal is to implement a non-abusive, developmental discipline model. A list of 11 references is included. (FMW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

12-20-88

ED301631

STOP ABUSIVE BEHAVIOR SYNDROME:

DEVELOPING A COMMUNITY RESPONSE

Lois Holzman, Ph.D.
Director, Institute for Social Therapy
& Research
National Coordinator, Association for
the Development of Social Therapy

Mary Rivera, M.S.W.
New Alliance Community Services

Presented at the American Psychological Association
Convention, Atlanta, August 1988

For more information, contact:

Lois Holzman
ISTR
175 West 72nd Street
New York, NY 10023
(212) 362-1446

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Lois Holzman
Inst for Social Therapy and Research
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

UD026784

Stop Abusive Behavior Syndrome: Developing a Community Response

As psychology in the 1980's increasingly orients toward cognitive, behavioral, and biogenetic approaches, and treatment of emotional illness increasingly orients toward the medical model's more coercive treatment methods (e.g., electro-shock therapy, drug therapy, and long-term reinstitutionalization), it is important to not lose a social, community orientation to the understanding and treatment of mental illness. Inner-city communities of the U.S. are especially hard hit by the current economic and social hard times, which do not promote human development or social welfare. Thus, to be effective, community therapy must address the social crises of these communities.

Abusive behavior is one such social crisis. A growing epidemic in American society, abusive behavior cuts across class, race and gender lines. Domestic violence and child abuse are occurring with shocking frequency. Current research cites statistics contrasting the relative safety of being alone on inner city streets compared to being with family members at home (Oates, 1985). The literature on abuse is generally decompartmentalized into physical, sexual and psychological abuse, with psychological abuse receiving the least attention as it has been the most difficult to define. These categories are usually studied and treated separately which has limited the applicability of research findings to the community (Rosenthal, 1987).

This presentation will report on the social-therapeutic approach to abuse, which is preventive in nature. Social Therapy, developed over the last 15 years, has applications to the myriad of social problems in the contemporary U.S. It is practiced in community clinics and by private practice therapists, in New York, Boston, and many other cities, and applied to crisis, the failure of our educational system, and the epidemic of self--and other--abuse.

While during the past two years we have implemented projects specifically designed to intervene on abuse, Social Therapy, generally speaking, can be understood as an anti-abuse therapy. Thus, it is important to lay out the theory of Social Therapy as the foundation of our anti-abuse work before describing the specific STOP Abusive Behavior Syndrome (ABS) projects.

Foundations of Social Therapy

A basic premise of the social-therapeutic approach is that "the validity of therapy must have something to do with changing the world in a progressive,humanistic fashion" (Newman, 1978). Social Therapy is a clinical, educational and developmental psychology that grew out of the self-conscious goal of creating a therapeutic approach that was both critique and practice; i.e., that was not only sociologically and politically correct but psychologically practical--that engaged directly the psychopathology of contemporary American society. (See Holzman and Polk, 1988 for theoretical and clinical practice discussions of Social Therapy.) Traditional psychological theory and practice <u>as an institution</u> is racist, sexist, homophobic and classist (as

are all institutions of this society). If we are to create a psychology that empowers women and men, that helps them to continually develop (not merely learn new ways of adjusting to alienation and inequality) throughout the life span, then qualitatively new tools (including new tools of understanding and feeling) are necessary.

Social Therapy builds on the foundational work of the radical, feminist, gay, humanistic and critical psychologies and therapies of the 1960's. It also has made use of the contributions of Marxist social scientists, educators, and activists from around the world. In our view, while these intellectual and political movements were significant, they were limited to the extent that they failed to develop a new psychology that 1) challenged the bottom line commitment to adaptation to society and 2) sought to develop a psychology committed to the empowerment of all people through the radical reinitiation of development. For, the ways in which all of us are socialized profoundly arrests our development as individuals, as a society and as a species.

Social Therapy, as a tool for the societal and personal reorganization of emotionality, is perhaps unique among contemporary psychotherapeutic approaches. It challenges the institutions of psychology and psychotherapy at the roots--in questioning the very ontology and ideology of emotions. Many clinicians and social scientists believe that emotions (as well as thoughts, beliefs, desires, values, etc.) are socio-historically produced and organized and that the particular shape of how they are organized in the contemporary U.S. seriously impedes people's capacity to change the conditions of their lives. Social Therapy goes further. We understand emotions not as private, neutral, internal states, but as an institution (like the family, education, religion, etc.). Emotions are a <u>social practice</u>; they are one of the ways people are organized to live in our world. If, as we have said, their current organization severely limits development, then the organization of emotionality must be changed for development to be reinitiated. Can it be? We believe so.

The elimination of mental illness and emotional pain--of humiliation and self-degradation, of abusive relationships, of loneliness and isolation--lies in the human capacity to <u>produce</u>, <u>organize and reorganize our social practice</u>, not in the manipulation of individuals' mental apparatus, be it conscious or unconscious. Social Therapy works by involving people in the activity of creating the necessary tools/environments which reorganize our "emotional apparatus" in ways that free us up to express our role as producers of the very conditions of our development, rather than being determined by constraints on development (e.g., sexism, racism, homophobia, and a host of other isms, named and yet unnamed). One of the things this means is learning to <u>break out of social roles and to break social rules</u>. For one cannot produce qualitative change (i.e., development) without breaking through those very conditions which currently obtain (i.e., constrain and restrain) human development.

A key building block or tool in Social Therapy is conflict. As a social product, conflict has tremendous potential value in fostering development. Yet, it is too often underutilized, in daily life and

also in therapeutic settings. This is due to how we have been socialized to understand what conflict is. While some traditional psychological theories (e.g., Freud, Piaget, Erickson) claim that conflict is important in development, they understand conflict as a psychological state of an individual and locate it in "intrapsychic space." Often conflicts are reduced to a choice "between good and evil," or in people's judgements about being conflicted. In male-dominated American society, you are not supposed to be conflicted at all if you are mature or developed. "Conflicted" is often understood as instability, or as a sign of indecisiveness, ambivalence, immaturity. Rather, what the "developed" person (read: man) is faced with daily is a multitude of problems to be solved. You may not know how to solve them, but you could learn, so the ideology goes. In fact, many therapies are designed to teach people to be better problem solvers, and indeed, they often do help people solve their problems. But many surveys show that more often than not, after either some short-term, problem-specific therapeutic treatment or even long-term traditional psychotherapy or psychoanalysis, people feel that while they have been helped, there is "still something nagging at me."

We think this nagging and pervasive feeling is the result of living in a conflicted society--ignored, distorted, covered over, and reconciled by a misunderstanding of conflict and a problem-solution oriented method of psychology that is built on and perpetuates this misunderstanding.

> "Psychopathology results from living in an affluent society and beautiful country which tolerates poverty, pain, torture, death, misery and murder. The desire to live a decent life and provide opportunities for our children to grow and our ability to realize these desires causes psychopathology. Our historical role as producers of change, on the one hand, and the distortion of this fact as we take on our societal role as "objects to be changed," on the other hand, leads to psychopathology. To be sure, these are problems to be solved. But they will never be solved by an underdeveloped, psychopathologized, superalienated, impotent population." (Holzman and Polk, 1988, p. 13)

The social-therapeutic approach to abuse

The social-therapeutic understanding of abusive behavior is different from other approaches. In contradistinction to the medical model which proposes that the occurrence of abusive behavior is attributable to deviant parental personality (e.g., Kalmer, 1977) or the prevailing social work perspective which states that abuse is due to family maladjustment and the failings of particular family members (e.g., Feshback, 1973), we understand people to be abusive, not because they or their family members are fundamentally 'bad', immoral or deviant, but because of 1) deep and hidden shame and humiliation of living with so much pressure and pain from the often brutal conditions in their daily lives and 2) a national and international environment in which violence--toward other nations, groups, etc. is daily practiced by those in power, and commonly condoned.

Contemporary social science research indicates that how people act (indeed, how people think and feel) is not private in origin and thereby ontologically personal, but rather is societally and historically based. How social and interpersonal relations are organized in a given society impacts profoundly on emotionality, cognition and social relations in the everyday life of individuals.

This issue has been a major thematic in the historical evolution of clinical and social psychology. Some of the most seminal research and analysis was conducted by two noted psychiatrists, Frantz Fanon and Wilhelm Reich, both of whom practiced and wrote during a period of great social destabilization and extreme repression--periods characterized by veritable pandemics of abuse. In his early writings on the mass psychology of fascism, Reich (1970) asked how it was possible for a civilized, cultured society like Germany before the rise of Hitler to transform so profoundly that it came to embrace, seemingly overnight, the mythic and anti-human world view that led to the genocide of more than six million Jews, gay people, communists, and gypsies. His explanation--one that we do not share yet which contained important insights--was that the human character structure contains within it the potentiality--latent during "normal" periods--towards authoritarianism and fascism. The ideology merely preys on this latent strain towards fascism, creating the ideological and societal conditions for it to emerge in full bloom.

Fanon, the Martiniquian psychiatrist who became active in the Algerian war for independence in the 1960's, believed that authoritarian, anti-human attitudes and violence were not characterological but societally produced. His work with Algerians during the war--both those tortured and those who were the torturers--was the basis for his premise that one effect of colonialism is that the oppressed internalize the role of the oppressor. We agree with Fanon (1963) that interpersonal relations--including violence, abuse, and anti-social behavior--are socially produced. So too, are the <u>pro-social</u> interpersonal relations that get expressed when people collectively break out of their societal roles as victims and objects of change and take on their historical role as changers.

Buttressed by our experience as mental health and education professionals, we believe, with Fanon and Reich, that human beings --children and adolescents as well as adults--can be empowered with the tools they need to collectively change oppressive and limiting social conditions, and in the process radically refashion their own constraining social roles (Holzman, 1987). The ongoing research into developing tools of empowerment as a vital component of altering social relations and conditions that give rise to abuse is critical in a society such as the contemporary U.S., where physical and psychological abuse is becoming the rule of schools, the family, and tne streets.

Recently, the role of shame and humiliation in abusive behavior has been recognized. Certainly, our experience as social therapists corroborates this in that it reveals the fundamentality of humiliation as an emotional state. (Indeed, it is likely that humiliation has replaced guilt as the major "emotional disorder" that arrests development and causes so much pain.) This humiliation is socially produced and organized; it stems, we believe, from the contradictions of living in this society. People are humiliated about all sorts of things--about not having "made it" in this supposedly classless society; about not being wealthy, stable, smart, sexy, womanly, manly, etc. enough; about being Black in a racist society, gay in a straight society, or a woman in a sexist society. (Conversely, many people are humiliated about not being "black enough" or "gay enough.") As a people, we are even humiliated about being humiliated. It is not an overstatement to say humiliation is the normal state for millions of Americans.

This feeling of humiliation is so painful that it must be covered over. The most common and socially accepted expression of humiliation is anger (especially for men). Recent work in two social therapy groups has concentrated on the origins of men's abusiveness to women. These groups consist of 10-12 women and men ranging in age from their mid-20's to mid-50's. The participants are both gay and straight, Black, Latino, and white, from working class and middle class backgrounds. What is being exposed is the extent to which men are socialized to be ashamed of the actions of women--their mothers, wives, lovers, etc. Their ongoing continuous judgements are "sublimated" and get expressed as subtle or not so subtle anger and abusiveness. In the social therapy group, participants work to create an environment where such judgements and shame can be expressed in a non-abusive manner. That is, people learn other ways to deal with humiliation, to break the humiliation-anger-abuse (or "shame-blame") syndrome. They collectively produce change in the social expression and understanding of humiliation--from an internal, personal feeling to a practice that is social not merely in its origins but in its essence.

Let us now turn to specific anti-abuse projects based on the perspective and methodology just discussed.

Stop ABS

We decided to begin our community-wide campaign against abuse in the Bronx, New York. The Bronx is known internationally as a community in crisis, with some of the most severe poverty in the country, an infant mortality rate comparable to underdeveloped nations, youth unemployment as high as 80%, and more cases of women and children with AIDS than anywhere in the U.S. Public transportation, housing, and health and mental health facilities are meager; drug abuse, alcohol abuse and family violence are rampant; and there are large rifts between Puerto Rican, Black and ethnic white communities. The crisis is exacerbated by political corruption, publicized over the last year in the media, that has led to even greater exploitation of the borough's population.

These abuses daily take their toll on the individual lives of children and adults in the Bronx; however, the greatest impact is on the life of the community itself. Objectively, teenage pregnancy, substance abuse, criminal activities, school failure and school drop-out destroy the community's ability to participate in its own growth and development. Subjectively, people (children and adults, both abusers and non-abusers) experience a deep sense of disgrace and impotence.

Latinos make up one third of the Bronx population, the largest percentage in any borough of New York City; 50% of Puerto Rican families make less than $10,000 a year; 23% make less than $5,000. They are shuffled daily from emergency room to welfare office to food lines to shelter, to unemployment office, to mental hospitals. The Latino community--men, women and children--are overmedicated by the medical and mental health establishments. It is clear, whether spoken about openly or not, that the majority of Puerto Ricans and other Latinos will not be allowed 'into' the mainstream of our society; they will not make it out of poverty. The Bronx Democratic Party machine bosses have been under investigation for the past couple of years; most have already been convicted for political corruption. They have been exposed as poverty pimps, which has everything to do with the lack of employment, housing and services in the Bronx community. Last year, the governor of New York State, Mario Cuomo, told a reporter that Puerto Ricans don't wear shoes until they go to New York, and that all they want is to get on welfare anyway. We cannot overestimate the impact such a stereotype has on the Puerto Rican community. Many Puerto Ricans themselves share this humiliating, self-degrading view, which makes up the psychology of the poor.

At the New Alliance Community Services, we have learned intimately through community organizing and therapy, medical, educational and legal services, that Latinos learn to deal with the crises of their lives with drug abuse, alcohol abuse, sexual abuse, crime and domestic violence. Thus, Abusive Behavior Syndrome (ABS) is not merely a social phenomenon which is harmful for women, men and children (although this is tragically true). Abusive Behavior Syndrome makes the community <u>less organizable</u>, less able to fight back against racism, poverty and brutality. We also learned that ABS is not curable on an individual, case by case level. The community approach we developed targets everyone. It is our understanding that separating the victims of abuse from the abusers is not effective. First of all, it does not take into account that people who are less brutalized by abusive behavior are still very affected by it and need to participate in the fight to stop it.

The Stop ABS Campaign is in the proud and militant tradition of the Black Panther and Young Lords Parties and their organizing efforts toward Black and Latino empowerment. In the 1960's and 70's the Black Panther Party and the Young Lords took on the problem of drugs in the Afro-American and Puerto Rican communities. They did this because they understood that people had to get off drugs as a precondition for participating in the liberation and empowerment of their community. The Panthers organized the community to reorganize its own anti-social behavior as part of the process of building the struggle for Black empowerment.

Similarly, the goal of our Stop ABS program was not to provide services to individuals (although it <u>did</u> provide services), but to organize the Bronx as a community to take on anti-social abusive behavior and reorganize it. That activity brings a community to life. And only a community brought to life can participate in its own empowerment.

Based on the principles of Social Therapy, the Stop ABS campaign was conducted in 1987. It consisted of three inter-related activities:

1) A grassroots publicity campaign and door-to door survey of attitudes towards abuse introduced the community to Stop ABS.
2) Individual, family, and small group screenings at the Bronx Institute for Social Therapy and Research, a community therapy center, were offered free of charge as a means for community residents to begin the process of talking about how they and their family members deal with abusive behavior.
3) Large group, monthly Stop ABS seminars were led by community psychologists to teach participants how to respond to emotional stress and crisis in a non-abusive manner. The seminars engaged the victimization of women and children, the abusiveness of men, the "shame-blame" syndrome, and taught specific ways of using anger more positively.

The outcome of the Stop ABS Campaign was two-fold: people learned specific skills for dealing with abuse and they began to become active in preventing anti-social, abusive behavior in a multitude of life situations--the family, the workplace, the school, the streets--in short, the community. They not only helped their families become less abusive but became active participants in making the health of the community a people's issue.

It is important to note that the campaign's success was modest. In spite of people's expressed interest in socializing abuse and initial enthusiasm for the project (hundreds of people responded to our surveys and planned to attend monthly trainings), only a small percentage actually completed the program. Further research needs to be done on helping people make this qualitative step. Our current thinking is that the Stop ABS Campaign could be more effective if it were integrated into existing community and neighborhood programs (e.g., tenant organizations, parent groups, community centers, social clubs).

A second Stop ABS project is being carried out at educational institutions. Children not only are too often the victims but also the perpetrators of abusive behavior. We saw the necessity for a special, anti-abuse program for young children in order to break the shame-blame syndrome before it "solidified." Our pilot work with the Barbara Taylor School, an independent multi-racial day care and elementary school in Harlem, revealed that children as young as four are already socialized to an "abuser-abused" world view, i.e., that one either abuses or will be abused. Our program works with teachers, students, and parents to help the children collectively produce a learning environment and discipline model that is non-abusive and developmental (See Holzman and Strickland, 1988, for discussion of the research project.

Of the 1400 Bronx residents who participated in our street and door-to-door survey on abuse, 70% responded that they believed abuse was a community, not an individual, problem. Nearly all (93%) said they would like to learn how to prevent abuse in their family and community (Rivera, 1987). As community psychologists, we must take their beliefs and desires seriously. In our opinion, and from the social-therapeutic

perspective, our task is to help develop tools for the community to produce a radical reorganization of its emotionality--to Stop ABS.

References

1) Fanon, F. (1963). The wretched of the earth. New York: Grove Press.

2) Feshback, (1973). The effects of violence in childhood. Journal of Clinical Psychology, Vol.2, pp. 284-293.

3) Holzman, L. (1987). Humanism and Soviet psychology: Friends or foes? In Practice: The Journal of Politics, Economics, Psychology, Sociology and Culture, Vol.5(3), pp. 6-28.

4) Holzman, L. and Polk, H. (Eds). (1988) History is the cure A Social Therapy reader. New York: Practice Press, p.13.

5) Holzman, L. and Strickland, G. (1988) Breaking the abuser-abused paradigm in the classroom. Paper presented at the APA Convention, Atlanta.

6) Kalmer, R. (1977). Child abuse, perspectives on diagnosis, treatment and prevention. Kendall Hunt Publications.

7) Newman, F. (1978). Practical-critical activities. New York: Practice Press.

8) Oates, K. (1985). Child abuse and neglect. What happens eventually.

9) Reich, W. (1970). The mass psychology of fascism. Albany, N.Y.: State University of New York.

10) Rivera, M. (1987). The Stop ABS program. Paper presented at the XXI Congress of the Interamerican Society of Psychology, Havana, Cuba.

11) Rosenberg, M. New directions for research in the psychological maltreatment of children. In: The American Psychologist, Vol.42(2), pp. 166-171.